

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6844
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Jasper Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. St Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number).
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY ELIZABETH HARRISON
(a) Residence, No. 420 N. MAIN - RR # 2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John HARRISON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 18, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Corrall County Missouri
(STATE OR COUNTRY)

13. NAME William Newley

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Ellender Keller

16. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. John Mc Masters
(daughter) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Cemetery DATE Feb 13, 1939

19. FUNERAL DIRECTOR (NAME) Lanpher Motuan
(ADDRESS) Joplin, Missouri

20. FILED 2-13-39 Ed D. Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-11 dec, 1939, to 2-11, 1939

I last saw him alive on Feb 11, 1939. Death is said to have occurred on the date stated above, at 4:00 p. m. 2/11/39
The principal cause of death and related causes of importance were as follows:

Accidental Burns covering larger portion of body same 3rd degree
Date of onset 11

Other contributory causes of importance: Choking caught on fire, hand was stuck in other road

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, fall or homicide? accident Date of injury 2/11/39

Where did injury occur? Newton County, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury accident - choking caught on fire
Nature of injury Burns covering entire body

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) H. J. Winchester, _____, M. D.
(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-617

Date Filed MAR 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

F. M. Jones

..... or by

Registered Apprentice No., working under my personal supervision.

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.